

Deadline: Fall/Spring: Friday, May 15, 2026 Summer: Thursday, June 4, 2026

| STUDENT INFORMATION | | | |
|---------------------|--|---------------|--|
| COM ID# | | Last Name | |
| Date of Birth | | First Name | |
| Phone Number | | Student Email | |

A student that is eligible to receive Federal Aid may be eligible to have their yearly budget adjusted provided that they are experiencing a valid and verifiable change in circumstance. Please check only **(1)** box **(option)** below:

There was an unexpected medical emergency

I experienced additional expenses

Other

Please provide a detailed statement of the circumstance(s) which requires a change in your Federal Financial Aid budget. Make sure your information is clear and concise. Avoid vague statement such as "I am experiencing a financial hardship." **You must also submit supporting documents related to your requests. Request forms submitted without supporting documentation will not be reviewed**

OFFICE USE ONLY BELOW THIS LINE

Comments:

Decision: Approved Denied Approved by (ESAI or Assoc. Dir) _____ Date: _____